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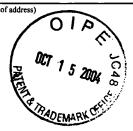
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10/01/2004

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Linda Burgess	(Depositor's na	
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10/18/2004 FMETEKI2 00000049 201430 09696720					Linda Burgess (Depositor's na		
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	DO DA			Oct	1. 11, 2004	(D	
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/696,720	10/24/2000	Theodore W		/. Watler	13023(B)	3022	
TITLE OF INVENTION: SI	ECURE INTERLINK REC	EIVER FOR REMO	TE PROGRA	MMING OF WIRELESS T	ELEPHONES		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1370		\$0	\$1370	01/03/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
BEAMER, TEMICA M		2681	-	455-419000	_		
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			(1) the nam	ing on the patent front page les of up to 3 registered pa R, alternatively,	·	send and Towns and and Crew I	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		(2) the nam registered a 2 registered	e of a single firm (having a ttorney or agent) and the n patent attorneys or agents. ame will be printed.	as a member a 2 Guy V ames of up to If no name is 3	V. Chambers		
ASSIGNEE NAME AND	RESIDENCE DATA TO E	BE PRINTED ON T	HE PATENT	(print or type)			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified b 37 CFR 3.11. Completion	elow, no assignee of this form is NOT	data will appear	ar on the patent. If an ass or filing an assignment.	ignee is identified below, the	document has been filed	
(A) NAME OF ASSIGN	EE	(B)) RESIDENCE	E: (CITY and STATE OR C	COUNTRY)		
Telemac Cor	porationLos A	ALos Ange	les. Ca	alifornia			
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Please check the appropriate assignee category or categories (will not	be printed on the patent): 🗖 Individual 🗫 Corporation or other private group entity 🗖 Governm			
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Authorized Signature Chambe	Date October 11, 2004			
Typed or printed name Guy W. Chambers	Registration No. 30,617			

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